



THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF OCCUPATIONAL SAFETY
EMPLOYMENT AGENCY PROGRAM

19 Staniford Street, 2nd Floor ▪ Boston, MA 02114
(617) 626-6970 ▪ (617) 626-6966 fax
www.mass.gov/dos/

APPLICATION FOR EMPLOYMENT AGENCY LICENSE AND SERVICE AGENCY REGISTRATION

The Employment Agency Program within the Massachusetts Division of Occupational Safety (DOS) licenses for-profit employment agencies and registers service agencies in accordance with M.G.L. c. 140, §§ 46A-46R. Depending upon the nature of your business and the manner in which you place, find, recruit, refer, or assign workers to jobs, employment, interviews, or assignments, your agency will either require a license or registration.

SECTION I

AGENCY NAME _____

PARENT OR AFFILIATE COMPANY NAME (if applicable) _____

STREET ADDRESS _____ BLDG/SUITE # _____

CITY / TOWN _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____ FAX NUMBER _____

E-MAIL ADDRESS _____ WEBSITE _____

AGENCY IS LOCATED IN A : ☐ RESIDENCE ☐ COMMERCIAL BUILDING

AGENCY MAILING ADDRESS (if different) _____

SECTION II

1. THIS AGENCY IS A: ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP, LP, OR LLP ☐ CORPORATION OR LLC

FEDERAL ID # _____

- If sole proprietorship, provide the following for the **Owner**;
- If partnership, LP, or LLP, provide the following for the **Partner (1 of 2)**;
- If corporation, provide the following for the **President**:

FIRST NAME	LAST NAME	TITLE
SOCIAL SECURITY NUMBER	HOME TELEPHONE NUMBER	FORMER BUSINESS OR OCCUPATION
HOME MAILING ADDRESS		

- If partnership, LP, or LLP, provide the following for the **Partner (2 of 2)**;
- If corporation or LLC, provide the following for the **Treasurer**:

FIRST NAME	LAST NAME	TITLE
SOCIAL SECURITY NUMBER	HOME TELEPHONE NUMBER	FORMER BUSINESS OR OCCUPATION
HOME MAILING ADDRESS		

2. All sole proprietorships, partnerships, LPs, LLPs, corporations, and LLCs:
Provide the following information for the **AGENCY MANAGER**:

FIRST NAME	LAST NAME	TITLE
SOCIAL SECURITY NUMBER	HOME TELEPHONE NUMBER	FORMER BUSINESS OR OCCUPATION
HOME MAILING ADDRESS		

3. All sole proprietorships, partnerships, LPs, LLPs, corporations, and LLCs:
List all types of placement occupations / jobs / engagements / services your agency will provide:

	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY
	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY
	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY
	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY

4. How many placement counselors will your agency utilize? ☐ 1-4 ☐ 5 or more

SECTION III

Please answer the following:

- Will your business accept applications and keep a list of persons seeking employment? ☐ YES ☐ NO
- Will your business send people on interviews or to assignments, jobs, or engagements that your business has arranged? ☐ YES ☐ NO
- Will your business keep a list of employers, persons, businesses, or clients seeking employees or workers for permanent or temporary employment, help, or engagement? ☐ YES ☐ NO
- Will your business place models, "brand ambassadors," or "promotional workers?" ☐ YES ☐ NO

➔ If the answer to question # 4 is YES, you must complete SECTION IV AND SECTION V of this application.
Your business must be licensed as an employment agency.

➔ If the answer to question # 4 is NO, please answer the following questions:

- Will your business charge fees of any kind to job applicants or workers, either directly or indirectly*?
(*This means there is a monetary difference between the amount that is invoiced to the client company for worker services and the amount that is paid to the worker.) ☐ YES ☐ NO

6. Will your business provide domestic employees, defined as workers who provide services in a person's home, including babysitters, nannies, elder care workers, or home companions? ☐ YES ☐ NO

➔ If the answer to BOTH of questions # 5 AND # 6 is NO, skip SECTION IV and go directly to SECTION V of this application. Your business must be registered as a service agency pursuant to M.G.L. c. 140, §§ 46A, 46B.

➔ If the answer to EITHER of questions # 5 and/or # 6 is YES, please answer the following questions:

7. Will the agency directly employ its workers, that means, the agency will pay them, assign them, provide workers' compensation insurance for them in accordance with M.G.L. c. 152, the Workers' Compensation Act, and exercise some level of supervision over them on an on-going basis? ☐ YES ☐ NO

8. Will the agency ONLY provide part-time (fewer than 35 hours per week) or temporary help (assignments lasting fewer than 10 weeks) to others?
(This means, none of your workers spend more than 35 hours per week or more than 10 weeks in duration working for only one client.) ☐ YES ☐ NO

➔ If the answer to BOTH of questions # 7 and # 8 is YES, skip SECTION IV and go directly to SECTION V of this application. Your business must be registered as a service agency pursuant to M.G.L. c. 140, §§ 46A and 46B.

➔ If the answer to EITHER of questions # 7 or # 8 is NO, please answer question # 9:

9. Will the agency solely provide to employers or prospective employers, by electronic means, biographical information, background, and experience of applicants for temporary employment, help, or engagement, and will not try to connect specific job applicants or workers to specific clients, persons, or businesses seeking workers? ☐ YES ☐ NO

If the answer to question #9 is YES, skip SECTION IV and go directly to SECTION V of this application. Your business must be registered as a service agency pursuant to M.G.L. c. 140, §§ 46A and 46B.

If the answer to question # 9 is NO, complete SECTION IV AND SECTION V of this application. Your business must be licensed as an employment agency pursuant to M.G.L. c. 140, § 46A.

SECTION IV

*This section is to be completed by license applicants only.
Registration applicants go directly to Section V.*

1. Has any individual listed in SECTION II ever been convicted of any crime or offense other than a traffic infraction?
☐ NO ☐ YES (If yes, provide details below. Attach additional sheets if necessary.)

NAME OF PERSON	OFFENSE	DATE CONVICTED	CITY/TOWN	STATE	PENALTY

2. Has any individual listed in SECTION II ever had a license to conduct business be denied, canceled, suspended, revoked, or surrendered? ☐ NO ☐ YES (If yes, provide details below. Attach additional sheets if necessary.)

NAME OF PERSON WHOSE LICENSE WAS AFFECTED	DATE OF ACTION	NAME AND NATURE OF LICENSED BUSINESS
CITY / TOWN & STATE	NAME OF PUBLIC AGENCY THAT TOOK ACTION	

SECTION IV CONTINUED...

3. Will your business engage in the placement of domestic employees, meaning workers providing services in a home including babysitters, nannies, elder care workers, and/or home companions? ☐ YES ☐ NO

If **YES**, will the agency attempt to recruit persons from outside the Commonwealth of Massachusetts to perform the work listed above? ☐ YES ☐ NO

If **YES**, will the agency utilize person(s) (emigrant agents) to recruit workers? ☐ YES ☐ NO

If **YES**, provide the following information. Attach additional sheets if necessary.

NAME OF RECRUITER		LICENSE #	
STREET ADDRESS	CITY/TOWN	STATE	ZIP CODE

4. Attach the following required documents to your application for licensure, depending upon whether your agency is a sole proprietorship, partnership, LP, LLP, corporation, or LLC:

SOLE PROPRIETORSHIP	PARTNERSHIP, LP, OR LLP	CORPORATION OR LLC
<input type="checkbox"/> A surety bond filed in the penal sum of \$3,000 payable to, "the people of the Commonwealth," reflecting the address of the agency office on the bond certificate. Form provided. Take enclosed form to your insurance agent or broker.	<input type="checkbox"/> A surety bond filed in the penal sum of \$3,000 payable to, "the people of the Commonwealth," reflecting the address of the agency office on the bond certificate. Form provided. Take enclosed form to your insurance agent or broker.	<input type="checkbox"/> A surety bond filed in the penal sum of \$3,000 payable to, "the people of the Commonwealth," reflecting the address of the agency office on the bond certificate. Form provided. Take enclosed form to your insurance agent or broker.
<input type="checkbox"/> Two (2) notarized affidavits from residents of the Commonwealth attesting to the owner's character. Form provided; make copies as needed.	<input type="checkbox"/> Two (2) notarized affidavits each from residents of the Commonwealth attesting to each partner's character. Form provided; make copies as needed.	<input type="checkbox"/> Two (2) notarized affidavits each from residents of the Commonwealth attesting to the president's and treasurer's character. Form provided; make copies as needed.
<input type="checkbox"/> A signed and dated CORI Request Form for the owner. Form provided.	<input type="checkbox"/> A signed and dated CORI Request Form for both partners. Form provided; make copies as needed.	<input type="checkbox"/> A signed and dated CORI Request Form for corporate president and corporate treasurer. Form provided; make copies as needed.
<input type="checkbox"/> A copy of the owner's and agency placement manager's most current resume.	<input type="checkbox"/> A copy of both partners' and agency placement manager's most current resume.	<input type="checkbox"/> A copy of the agency placement manager's most recent resume.
<input type="checkbox"/> A sample of every form, contract, agreement, time sheet, brochure, fee schedule, job application, and job description(s) to be used by the agency.	<input type="checkbox"/> A sample of every form, contract, agreement, time sheet, brochure, fee schedule, job application, and job description(s) to be used by the agency.	<input type="checkbox"/> A sample of every form, contract, agreement, time sheet, brochure, fee schedule, job application, and job description(s) to be used by the agency.

SECTION IV CONTINUED...



**THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF OCCUPATIONAL SAFETY
EMPLOYMENT AGENCY PROGRAM**

AFFIDAVIT OF CHARACTER

INSTRUCTIONS:

Application of License to Establish and Conduct an Employment Agency must be accompanied by two notarized affidavits of two reputable residents of the Commonwealth of Massachusetts, that applicant is a person of good moral character (M.G.L. c. 140, § 46C). Affidavits provided by relatives/family members of the applicant are not acceptable.

- If agency is a sole proprietorship, the owner must obtain two (2) character affidavits for him/herself;
- If agency is a partnership, LP, or LLP, each partner must obtain two (2) character affidavits;
- If agency is a corporation or LLC, the president AND treasurer must obtain two (2) affidavits each.

I, _____
PRINT NAME TELEPHONE NUMBER

being a resident of _____, MA
PRINT CITY OR TOWN

hereby certify that _____,
NAME OF LICENSE APPLICANT

of _____,
NAME OF CITY OR TOWN WHERE LICENSE APPLICANT RESIDES

whose application for a License to Establish and Conduct an Employment Agency accompanies this Affidavit, is personally known to me and is a person of good moral character.

My relationship to the applicant is: _____.

Signed, this _____ **day of** _____, **20** _____.

SIGNATURE

PRINT STREET ADDRESS

_____, MA _____
PRINT CITY/TOWN ZIP CODE

NOTARY PUBLIC:

Sworn to me this _____ day of _____, 20____

SIGNATURE Affix stamp or seal:

SECTION IV CONTINUED...**THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF OCCUPATIONAL SAFETY
EMPLOYMENT AGENCY PROGRAM****MDOOS
G****CORI REQUEST FORM**

Massachusetts Division of Occupational Safety (DOS) has been certified by the Criminal History Systems Board (CHSB) to access conviction and pending case CORI for the purpose of screening applicants for employment agency licensure. If agency is a sole proprietorship, the owner must complete this form; if agency is a partnership, both partners must complete this form, if agency is a corporation, the president and treasurer must complete this form. Make copies as needed.

As an applicant for an Employment Agency License from DOS, I understand that a criminal record check will be conducted on me, pursuant to the above, and that the results of the same will not necessarily disqualify me. The information below is correct to the best of my knowledge.

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH DATE OF BIRTH

SOCIAL SECURITY NUMBER ID THEFT INDEX PIN MOTHER'S MAIDEN NAME
(REQUESTED, NOT REQUIRED) (IF APPLICABLE, ISSUED BY CHSB)

HOME ADDRESS CITY/TOWN STATE ZIP CODE

FORMER ADDRESS

☐ MALE ☐ FEMALE HEIGHT: _____ FT. _____ IN. WEIGHT: _____ LBS.

EYE COLOR DRIVER'S LICENSE NUMBER AND STATE

APPLICANT SIGNATURE DATE

NAME OF EMPLOYMENT AGENCY

-----FOR DOS USE ONLY-----

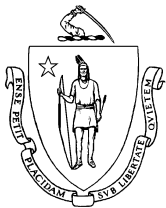
THE ABOVE-INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT-ISSUED PHOTO IDENTIFICATION:

Requested by: _____
SIGNATURE OF CORI-AUTHORIZED EMPLOYEE DATE PRINT NAME

-----FOR CHSB USE ONLY-----

Record Attached: _____ No Record: _____

SECTION IV CONTINUED...



**THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF OCCUPATIONAL SAFETY
EMPLOYMENT AGENCY PROGRAM**

SURETY BOND FORM FOR EMPLOYMENT AGENCY LICENSE APPLICATIONS

Bond No. _____

KNOW ALL PERSONS BY THESE PRESENTS:

That,

NAME OF AGENCY OWNER IF SOLE PROPRIETORSHIP; PARTNERS IF PARTNERSHIP;
PRESIDENT OR TREASURER IF CORPORATION/LLC/ LLP

as Principal(s), of

NAME OF EMPLOYMENT AGENCY

of

BUSINESS ADDRESS(ES) OF THE ABOVE-NAMED AGENCY

having filed with the office of the Massachusetts Division of Occupational Safety, on or about the _____ day
of _____ of 20_____, an application for an Employment Agency License, per M.G.L. c. 140,
§46C, and _____

NAME OF SURETY

ADDRESS OF SURETY

as Surety, a corporation duly organized and existing under the laws of the State/Commonwealth/Territory of

_____ and being duly authorized to transact the
business of indemnity and suretyship in this Commonwealth of Massachusetts by its Division of Insurance, do hereby
acknowledge our indebtedness to the People of the Commonwealth for the use and benefit of any person(s) having a claim
under the conditions of this obligation for violations of any of the provisions of M.G.L. c. 140, §§46A through 46Q, in the
sum of \$3,000.00 (three thousand dollars), as required by M.G.L. c. 140, §46F, provided, however, that the aggregate
liability hereunder shall not exceed the sum of \$3,000.00 (three thousand dollars), regardless of the number of claimants,
and shall not be construed as individual liability.

LIABILITY for the payment of this sum, to which we hereby obligate and bind ourselves, our heirs, executors,
administrators, successors and assigns, jointly and severally, becomes effective upon the following conditions:

1. That the Principal(s) become licensed to transact business in the Commonwealth of Massachusetts as an Employment Agency and that the Principal(s) have been found to have failed to strictly comply with all of applicable provisions of, and orders, rules and regulations issued pursuant to, M.G.L. c. 140, §§46A-46R inclusive and the applicable securities statutes of the Commonwealth of Massachusetts in which such Principal(s) is/are licensed.
2. Upon the occurrence(s) of such conditions, said bond shall be payable to the people of the Commonwealth and shall pay all damages occasioned by any person by reason of any misstatement, misrepresentation, fraud or deceit or any unlawful act or omission of said licensee, his agents or employees, while acting within the scope of their employment, and made, committed or omitted in the business conducted under such license.

THIS Bond shall expire at such time as the Principal(s)'s license is surrendered, terminates through non-renewal or is revoked by the Division of Occupational Safety except as to liability for acts or omissions which occur prior to such time. This Bond may also be cancelled by the Surety upon sixty (60) days written notice by registered mail to the Principal and to the Massachusetts Division of Occupational Safety in which case this Bond shall be considered cancelled upon the expiration of sixty (60) said days period except as to liability for acts or omissions which occur prior to the date of cancellation. Notice shall be deemed effective upon receipt by the applicable state agency of said written notice along with sufficient proof of notice to the Principal.

NO suit may be maintained to enforce any liability arising under this Bond unless brought within three (3) years after discovery of the act or omission upon which liability is based.

IT is understood and agreed that any person(s) having a claim under the conditions of this obligation may initiate suit in any court of competent jurisdiction against the Principal(s) and/or the Surety upon this Bond. This Bond shall not impair or limit the right of recovery otherwise available pursuant to law, nor shall the amount of the Bond be relevant in determining the amount of damages or other relief to which any plaintiff may be entitled.

THIS BOND IS CONTINUOUS UNTIL CANCELED BY SURETY COMPANY.

WITNESS OUR SIGNATURES, this _____ day of _____ 20_____.

For Employment Agency:

PRINCIPAL (Signature of Agency Owner if Sole Proprietorship; Partners if Partnership; President or Treasurer if Corporation/LLC/ LLP)

of _____
EMPLOYMENT AGENCY NAME

For Surety:

SURETY AGENT SIGNATURE SURETY AGENT PRINT NAME DATE BOND ISSUED

NAME OF AUTHORIZED SURETY COMPANY

ADDRESS OF AUTHORIZED SURETY COMPANY

Imprinted Seal of the Surety Company:

SECTION V

1. **Registration and License Applicants must submit the following documents with this completed application. An application is not complete without the following attachments:**

- ☐ A non-refundable check or money order payable to "The Commonwealth of Massachusetts" for the required annual application fee. See fee schedule below:

APPLICATION FEE SCHEDULE

Licensed Employment Agencies	Registered Service Agencies
\$300 per agency location	\$300 for main office
\$550 if location has five (5) or more placement counselors	\$180 for each branch office

- ☐ A completed Affirmation of Compliance with Workers' Compensation Law. **Form provided.**
- ☐ A copy of the front and back of owner's (for sole proprietorships), both partners' (for partnerships), or president's and treasurer's (for corporations) valid government-issued photo identification (driver's license, passport, resident alien card, etc.).
- ☐ For Sole Proprietorships and Partnerships only: A copy of the Business Certificate as filed in the City or Town Clerk's Office of the city or town where the agency will be located.
- ☐ For Corporations or LLCs only:
- o **If agency is a corporation organized in MA and has been in existence for less than one (1) year**, provide a copy of the short form Certificate of Legal Existence, issued by the Secretary of the Commonwealth's Office.*
 - o **If agency is a corporation organized in MA in existence for more than (1) year**, provide a Certificate of Good Standing, issued by the Secretary of the Commonwealth's Office.*
 - o **If agency is a Foreign Corporation** (a corporation transacting business in the Comm. of MA and organized under laws of a different state), submit a copy of the Foreign Corporation Certificate and a Certificate of Good Standing.*

*Secretary of the Commonwealth's Office: One Ashburton Pl., Boston, MA 02108-1512 Tel.: 1-800-392-6090; www.sec.state.ma.us/cor/coridx.htm

2. SIGNATURE(S) OF PERSON(S) SUBMITTING THIS APPLICATION

If agency is a sole proprietorship, the owner must sign
If agency is a partnership, LP, or LLP, both partners must sign
If agency is a corporation, or LLC, the President and Treasurer must sign

By signing below, I hereby certify that the following are true:

- My business has complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, withholding and remitting child support, and Employer Fair Share Contributions.
- My business will post the Massachusetts Minimum Wage and Hour Laws poster in a conspicuous place in my/our office. If I/we do not interview or otherwise interact with applicants, referrals, workers, employees, or placements in an office setting, I certify that I will provide a copy of the poster to each such applicant, referral, worker, employee, or placement.

I declare the above facts and supplemental documentation are true and complete to the best of my knowledge and understand that any false answer(s) will be considered just cause for denial of application or revocation of a license or registration. I understand that DOS has the right of inspection of any registered or licensed agency at any time, and that information contained within this application can and will be verified using resources available to DOS. I understand that having a valid employment agency license or registration is a requirement of Massachusetts State Law.

Signed under the pains and penalties of perjury.

SIGNATURE

PRINT NAME

PRINT TITLE

DATE

SIGNATURE

PRINT NAME

PRINT TITLE

DATE

**Mail Completed Application and All Supporting Documentation to:
MA Division of Occupational Safety, Employment Agency Program, 19 Staniford Street, 2nd Floor, Boston, MA 02114**



THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF OCCUPATIONAL SAFETY
EMPLOYMENT AGENCY PROGRAM

**AFFIRMATION OF COMPLIANCE WITH
WORKERS' COMPENSATION LAW**

All employers in Massachusetts are required to carry workers' compensation insurance for their employees. This addendum to your application package allows employers to affirm compliance with this law. **All information provided is subject to investigation by the Division of Occupational Safety and the Department of Industrial Accidents. Pursuant to M.G.L. c. 152, §25C(6), the Division of Occupational Safety (DOS) must deny the issuance or renewal of a license if the applicant is not in compliance with workers' compensation law.**

Name of Business Entity: _____

Name of Owner(s) _____

Business Address: _____

CITY/TOWN

STATE

ZIP CODE

Telephone Number: _____ Website Address: _____

Check one box and take action required:

- ☐ I am an employer and the workers that my agency places, assigns, or refers are employees of my business. Complete Section A and attach a copy of your workers' compensation insurance policy declaration page.
- ☐ I have other employees, but the workers that my agency places, assigns, or refers are NOT employees of my business. Complete Section B.
- ☐ I am a sole proprietor or partnership (not a corporation); I have no employees, and the workers my agency places, assigns, or refers are not employees of my business. Complete Section B.
- ☐ My business is a corporation with no employees; the workers my agency places, assigns, or refers are not employees of my business, and my corporation has an approved Form 153 from the Department of Industrial Accidents exempting corporate officers from workers' compensation insurance coverage. Complete Section B and attach a copy of your approved Form 153.

SECTION A: WORKERS' COMPENSATION INSURANCE INFORMATION

M.G.L. c. 152, § 25C (6) reads, in relevant part, "Every state or local licensing agency shall withhold issuance or renewal of a license or permit to operate a business... for any applicant who has not produced acceptable evidence of compliance with the [workers' compensation] insurance coverage required by this chapter."

Insurance Company Name: _____

Insurance Company Address: _____

Policy Number or
Self-Insurance License Number: _____ Expiration Date: _____

Check if applicable:

- ☐ All of my employees are covered under the policy listed above, including the workers that my agency places, assigns, or refers.

I do hereby certify, under the pains and penalties of perjury, that the information provided in this section is true and correct.

SIGNATURE OF BUSINESS OWNER

DATE

SECTION B: FOR THOSE BUSINESSES THAT DO NOT EMPLOY SOME OR ANY OF THE WORKERS THAT THEY PLACE, ASSIGN, OR REFER TO JOBS, WORK, OR ENGAGEMENTS

1. What type(s) of work do the people you place, assign, or refer perform? _____

2. How are these workers paid? Cash ☐ Check ☐ Who pays these workers? _____

3. Does your business set the workers' hours? Yes ☐ No ☐

4. Does your business assign workers to job site(s)? Yes ☐ No ☐

5. Does your business provide equipment or tools to workers you place, assign, or refer? Yes ☐ No ☐

6. How do workers get to their jobs site(s)? _____

7. Does your agency provide workers with a 1099 Tax Form for income earned? Yes ☐ No ☐

8. Are these workers sufficiently skilled in the performance of the required job duties to be able to make decisions on their own and to work without supervision? Yes ☐ No ☐

9. Do these workers perform their job duties at more than one job site? Yes ☐ No ☐

10. Do these workers supervise or employ any other worker(s) at the same or any other job site? Yes ☐ No ☐

11. What is the average duration of the job/assignment to which you place, assign, or refer a worker? _____

12. Does your business consider the people you place, assign, or refer, to be independent contractors? Yes ☐ No ☐

13. Does your business consider the people you place, assign, or refer to jobs, work, or engagements to be the employees of the person or business for whom they perform their work? Yes ☐* No ☐

*If YES, is this employment relationship disclosed in writing? Yes ☐ No ☐

I do hereby certify, under the pains and penalties of perjury, that the information provided in this section is true and correct.

SIGNATURE OF BUSINESS OWNER

DATE

For Official Use Only

Department of Industrial Accidents

Division of Occupational Safety

☐ Based upon available information, this business appears to have met its legal obligations with regard to WC insurance coverage.

Date sent: _____

☐ Based upon available information, this business does **not** appear to have met its legal obligations with regard to WC insurance coverage.

By: _____

☐ Based upon available information, the Department of Industrial Accidents is unable to determine whether this business has met its legal obligations with regard to WC coverage, and must investigate further.

IMPORTANT INFORMATION FOR EMPLOYMENT AGENCY LICENSE APPLICANTS

- No agency may recruit, advertise or place workers until the Division of Occupational Safety (DOS) has issued said agency a license. (M.G.L. c. 140, § 46B)
- All licensed agencies must post DOS license in a conspicuous place within the agency. (M.G.L. ch.140, § 46B)
- No agency may change its location of operations without the prior written consent the commissioner of DOS and issuance of a license reflecting said location change. (M.G.L. c. 140, § 46E)
- The agency is subject to a site inspection before a hearing of application can be scheduled. Home offices are allowed, provided that the office area is not through or in a kitchen, dining room, or bedroom. Applicants will be contacted to schedule a site inspection. (M.G.L. c. 140, § 46D)
- A Hearing of Application must be conducted prior to the issuance of an Employment Agency license. The purpose of the hearing is to determine if the applicant has at least two years' experience as a placement employee or has engaged in personnel management or related activities that would establish the competence of such individual to operate placement activities for the agency. (M.G.L. c. 140, § 46D)
- If the agency has more than one location, each office must be licensed separately and there must be a separate surety bond for each office location, reflecting the address of that office.
- All licensed agencies must post a copy of the Employment Agency Law in a conspicuous place within their agency. (M.G.L. ch.140, § 46P)
- Pursuant to M.G.L. c. 152, § 25C(6) and M.G.L. c. 151A, § 19A (a), the Division of Occupational Safety must deny the issuance or renewal of a license if the applicant is not in compliance with workers' compensation and unemployment insurance laws.
- All licensed agencies must maintain a register of all job applicants, containing the date of each application for employment and the name and address of each applicant. Agencies are also required to maintain a separate file for each applicant for employment, containing a signed/completed job application, wage agreement, itemization of agency fees if applicable, professional or personal references, and for domestic placement, evidence that those references were checked by the agency. (M.G.L. c. 140, §§ 46H, 46I)
- All licensed agencies must also maintain a register of all clients containing the client's name and address, itemization of fee(s) paid to agency, a work order, and contract/billing agreement(s). (M.G.L. c. 140, § 46H)
- Agencies must keep complete and accurate written records of all receipts and income received or derived directly from the operation of his/her employment agency. Said records must be retained for a minimum of three (3) years. (M.G.L. c. 140, § 46H)
- An agency that employs or refers "home health aide(s), companion(s), or other community-based services to elderly persons or disabled persons in a home," or "personal care attendants" of any kind, is required to conduct criminal background checks in accordance with MA General Laws c. 6, §§ 167-178B. There is no substitution for this requirement. Inquiries regarding CORI access should be directed to the Criminal History Systems Board, CORI Unit, 200 Arlington Street, Suite 220, Chelsea, MA 02150, telephone (617) 660-4640.
- Agencies will be subject to an audit/inspection of premises and records no less than every six months beginning from the date of the issuance of the license. (M.G.L. c.140 § 46Q) and will be contacted in advance to schedule said visit. Unannounced audits/inspections may be conducted and are not limited to investigation of a complaint. The files of applicants for employment, client files, and any and all records of the agency are subject to inspection, in accordance with M.G.L. c. 111, § 197B; M.G.L. c. 140 § 46Q; M.G.L. c. 149, §§ 5, 6, 10, & 17, granting right of access to places of employment to determine compliance with various statutory provisions. "Information secured pursuant to sections 46A to 46Q shall be confidential and for the exclusive use and information of the commissioner in the discharge of his duties" (M.G.L. c. 140, § 46R). Interference with or obstruction of an authorized agent to inspect files may result in civil or criminal prosecution.
- Home care workers such as nannies, babysitters, companions, home health aides, personal care assistants who do not hold a professional license with any state agency shall be defined as "domestics," and agencies placing those caregivers shall be classified as "domestic agencies," as discussed in M.G.L. c. 140, §§ 46A-46R, and are required to hold an employment agency license from DOS, unless said agencies can prove, to the satisfaction of DOS, that they meet the statutory exceptions listed in M.G.L. c. 140, § 46A, in which case such agencies must be registered.
- Agencies placing theatrical talent (actors, dancers, bands, etc.) in addition to models must also obtain a theatrical booking license from the Department of Public Safety, One Ashburton Place, Room 1301, Boston, MA 02108, (617) 727-3200. (M.G.L. ch.140, §§ 180A-180G)